

## Supplemental Application Data Sheet

### Application Information

<u>Application Number::</u>	<u>10/567,650</u>
<u>Filing Date::</u>	<u>February 9, 2006</u>
Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR DEPOSITING AN AMORPHOUS LAYER PRIMARILY CONTAINING FLUORINE AND CARBON, AND DEVICE SUITED FOR CARRYING OUT THIS METHOD
Attorney Docket Number::	0579-1117
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant One Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: KARIN  
Middle Name::  
Family Name:: SCHERER  
Name Suffix::  
City of Residence:: ST MAUR DES FOSSES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 37BIS, AVENUE MISS CAVELL, BAT. C  
City of Mailing Address:: ST MAUR DES FOSSES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 94100

Applicant Two Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PASCALE  
Middle Name::  
Family Name:: LACAN  
Name Suffix::  
City of Residence:: PARIS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 102, RUE DE LA FOLIE MERICOURT  
City of Mailing Address:: PARIS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 75011

Applicant <u>Three</u> Authority Type::	Inventor
Primary Citizenship Country::	FRANCE
Status::	Full Capacity
Given Name::	RICAHRD
Middle Name::	
Family Name::	BOSMANS
Name Suffix::	
City of Residence::	NOISEAU
State or Province of Residence::	
Country of Residence::	FRANCE
Street of Mailing Address::	9, ALLEE DE LA PETITE PLAINE
City of Mailing Address::	NOISEAU
State or Province of Mailing Address::	
Country of Mailing Address::	FRANCE
Postal or Zip Code of Mailing Address::	94880

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/002242	9/2/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0310472	9/4/03	Yes
FRANCE	0311238	9/25/03	Yes

**Assignment Information**

Assignee Name:: ESSILOR INTERNATIONAL  
(COMPAGNIE GENERALE D'OPTIQUE)

Street of Mailing Address:: 147, RUE DE PARIS

City of Mailing Address:: CHARENTON LE PONT

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94220